

MEDICAL ETHICS FOR MILITARY PRACTITIONERS

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*****DISCLAIMER*****

The views expressed in this presentation are those of the author and do not necessarily reflect the official policy or position of the Department of Defense, Defense Health Agency, nor the U.S. Government

AGENDA

- Background of Military Bio/Medical Ethics
 - DoDI 6025.27
 - DHA-PI 6025.27 implementation of DoDI
 - Principles of Bio/Medical Ethics
 - The Four-Box Method for Analyzing Medical Ethics Cases
 - Issues in Practice
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First – Meme Wars... Part Deux



NERD

Other guys bring extra ammo on ops. You bring your laptop.

DoDI 6409.04 “MEDICAL ETHICS IN THE MILITARY HEALTH SYSTEM”

- Available on the Directives Division Website at <http://www.esd.whs.mil/DD/>
- Establishes Military Health System (MHS) Principles of Medical Ethics, the DoD Medical Ethics Program (DoDMEP)
 - Prescribes Training and updates of MHS providers
- Guidance for military HCP in all locations
- Absent adverse impact on readiness, good order and discipline, individual expressions of belief of military providers are accommodated
- Principles spelled out in Enclosure 3
- DoDMEP by Defense Medical Ethics Center (DMEC) maintained by President, Uniformed Services University of the Health Sciences (USUHS)



ARMY

COAST GUARD

RESERVES

NAVY

MARINES

AIR FORCE

VETERANS

THE UNITED STATES MILITARY

Unique Federal Practice and Dual Loyalties

Ethical Balance

- Personal Ethics vs. Professional Ethics vs. Organizational Ethics
 - Role of Military Health Providers
 - Warrior or care giver?
 - Military Mission and unit protection affecting patient care and autonomy
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Principles of Medical Ethics

- Utilitarianism
 - Deontology
 - The Pillars of Ethical Medical Practice
 - Autonomy
 - Beneficence
 - Non-Maleficence
 - Justice
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PRINCIPLES OF MEDICAL ETHICS

Utilitarianism – Best action is one that maximizes overall happiness or “utility” – aka an action is right if it leads to the greatest possible good.

Deontology – actions are morally right or wrong regardless of their consequences

PRINCIPLES OF MEDICAL ETHICS

Autonomy – right to make own decisions, e.g. informed consent, right to die

Beneficence – acting to benefit others, acts of mercy, charity

Non-Maleficence – “do no harm”, avoid causing unintentional injury, pain, suffering

Justice – fairness, proper treatment, deserved consequences

“4 Box” Approach to Complicated Clinical Ethical Questions

JONSEN’S “4-BOX” APPROACH

The Four Topics Chart	
Medical Indications	Preferences of Patients
<p><i>Beneficence and Nonmaleficence</i></p> <ol style="list-style-type: none"> 1. What is the patient’s medical problem? 2. Is the problem acute? Chronic? Critical? Reversible? Emergent? Terminal? 3. Where the goals of treatment? 4. In what circumstances are medical treatments not indicated? 5. How can the patient benefit from medical and nursing care, avoid harm? 6. Do critical military mission considerations dictate that the need for preferential care? 7. Conscience clause: is there an indication for intervention/patient preference that does not align with physician willingness to treat? 	<p><i>Respect for Autonomy</i></p> <ol style="list-style-type: none"> 1. Has the patient been informed of benefits and risks of recommendations, understood, and given consent? 2. Does the patient have capacity? Yes: What preferences are they stating? No: Have they expressed prior preferences? 3. Who is the appropriate surrogate to make decisions for an incapacitated patient? 4. What standards should govern the surrogate’s decisions? 5. Is the patient unwilling or unable to cooperate with medical treatment question if so, why?
Quality of Life	Contextual Features
<p><i>Beneficence, Nonmaleficence, & Autonomy</i></p> <ol style="list-style-type: none"> 1. What are the prospects, with or without treatment, for a return to an acceptable quality of life (QOL) and what physical, mental, and social deficits might the patient experience even if treatment succeeds? 2. On what grounds can anyone judge that some QOL would be undesirable for a patient who cannot make or express such judgement? 3. Are there biases that might prejudice the provider’s evaluation of the patient’s QOL? 4. What ethical issues arise concerning improving or enhancing a patient’s QOL? 5. Do QOL assessments raise any questions that might contribute to a change of treatment plan, such as forgoing life-sustaining treatment? 6. Are there plans to provide pain relief/comfort after a decision has been made to forgo life-sustaining interventions? 	<p><i>Principles: Justice and Fairness</i></p> <ol style="list-style-type: none"> 1. Are there professional, interprofessional, or business interests that might create conflicts of interest in the clinical treatment of patients? 2. Are there parties outside clinician/patient such as family members who have a legitimate interest in decisions? 3. Are there limits imposed on pt confidentiality by the legitimate interests of third parties? 4. Are there financial factors that create conflicts of interest in clinical decisions? 5. Are there religious factors that might influence clinical decisions? Legal issues? 6. Are there considerations of clinical research and medical education that affect clinical decisions? 7. Are there considerations of public health and safety that influence clinical decisions? 8. Does institutional affiliation create conflicts of interest that might influence clinical decisions?

“Above the double line”

Majority of decisions here made by clinicians.

Disagreements above the line:

1. Failure of communication
2. Fear and pain limiting decision-making
3. Lack of trust
4. Values different from traditional medicine

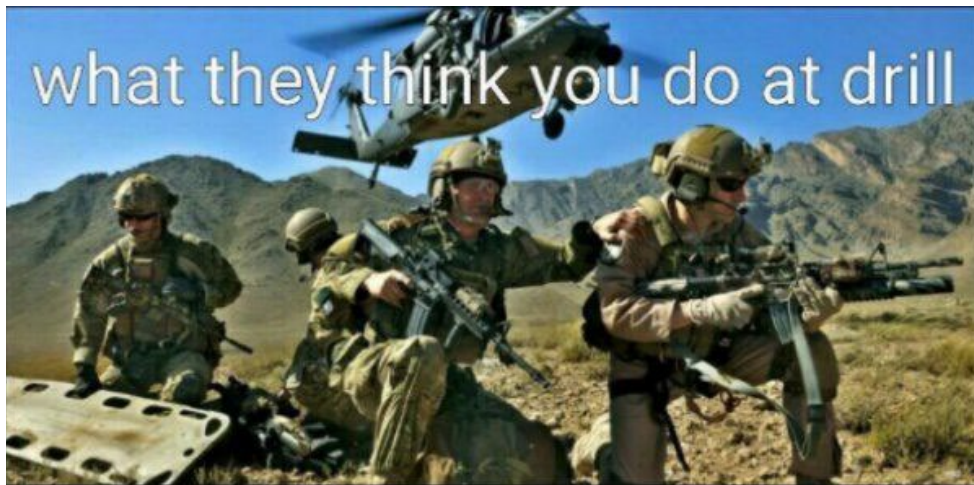
“Below the double line”

Largely dictated by patient preference.

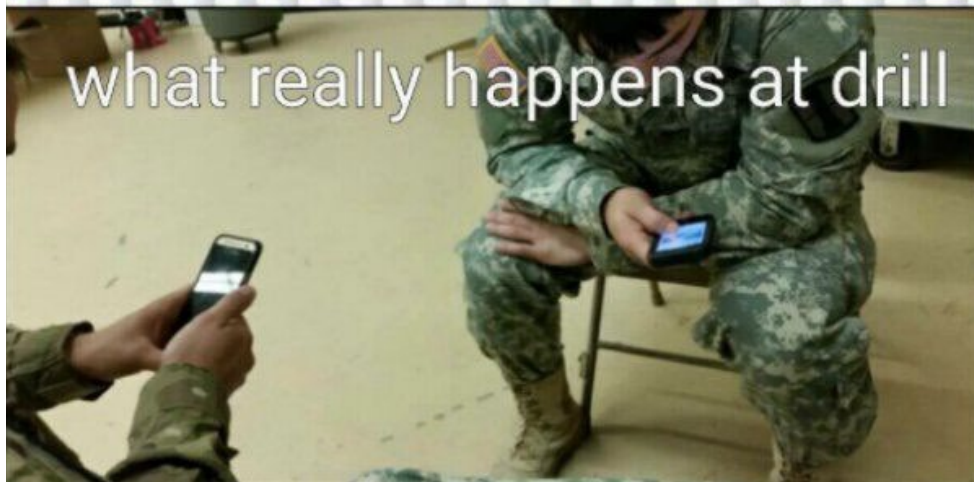
These topics are not typically part of a clinical workup, but they are essential to understanding clinical ethics cases.

Understand the factors external to the medical problem at hand that fundamentally influence decision-making.

what they think you do at drill



what really happens at drill



Issues In Practice



INFORMED CONSENT

- Definition
- Exceptions
- Dealing with Minors
 - “Mature Minor”
- “Incompetent” Adults
 - Guardianship/Surrogate decision makers
- Religious Refusals
- Involuntary Treatment – Service member’s command?

REPRODUCTIVE ISSUES

- Defining Life
 - Contraception
 - Sterilization
 - Surrogacy
 - Abortion
 - Relationship with State Abortion laws*
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END OF LIFE CARE

- Defining Death
 - Advance Directives
 - “Right to Die”
 - Surrogate Decision Making
 - Competency
 - DNR
 - Futility
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PRIORITIZATION OF CARE AND TRIAGE

- Military Mission
 - Considerations in priority or triage
 - Deployment
 - grade/rank
 - overall health
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CONSCIENCE CLAUSES

- Right to refuse to participate in certain medical care or procedures
 - Affect on MTF healthcare provision
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"BUT I'M AN OFFICER DAMMIT"



THE LT. SOBBED INTO HIS MAP

“OPTICS”

- External issues affecting ethic decision-making
 - Sympathy
 - Respect for Military members
 - Social/political pressures
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KEY TAKE AWAYS

- Objectivity
 - Communication
 - Cooperation
 - Understanding the Role of the lawyer/counsel
 - Education and awareness of varying Federal/state laws and practices
 - Integrity
 - Humanity
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THE END - QUESTIONS

DILBERT SCOTT ADAMS

